ORIGINAL

ADDRESS

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(GREETINGS TO HOSTS, GUESTS, FRIENDS, ETC.)

FIRST, LET ME CONGRATULATE THE PLANNERS OF THIS MEETING FOR RETURNING TO A TOPIC THAT IS NOW -- AND WILL CONTINUE TO BE -- A PRIME ISSUE FOR MEDICINE AND PUBLIC HEALTH FOR THE NEXT SEVERAL DECADES...WELL INTO THE NEXT CENTURY.

IN FACT, I'D GO SO FAR AS TO SAY THAT MOST HEALTH CARE PLANNING FOR THE FORESEEABLE FUTURE WILL HAVE TO BE DONE WITH THE AGING POPULATION PROMINENT IN EVERY EQUATION.

NOW, WHY IS THAT SO?

THE STATISTICS ARE VERY CLEAR. I'M NOT GOING TO GO THROUGH A BUNCH OF THEM NOW. YOU'LL BE GIVEN ENOUGH OF THEM, I'M SURE. BUT HERE'S ONE THAT ESPECIALLY TICKLES ME:

> WE ARE TOLD THAT OVER HALF OF ALL THE PEOPLE WHO <u>EVER</u> LIVED BEYOND THE AGE OF 65 IN THIS COUNTRY...ARE ALIVE TODAY.

AND THEN THERE'S THIS ONE:

> TODAY THERE ARE 2.5 MILLION AMERICANS WHO ARE OVER THE AGE OF 85. AND THAT NUMBER WILL <u>DOUBLE</u> BY THE YEAR 2000.

AND FOR MOST OF YOU IN THIS AUDIENCE TODAY, LET ME REMIND YOU THAT THE ODDS ARE RATHER GOOD THAT YOU'LL HAVE THE PRIVILEGE --AND MAYBE THE PLEASURE -- OF CELEBRATING YOUR OWN 100TH BIRTHDAY.

YOUR PROFESSION...MINE...AND ALL THE PROFESSIONS IN OUR SOCIETY ARE GOING TO FEEL THE IMPACT OF THE "GRAYING OF AMERICA." THAT'S CLEAR ENOUGH, BECAUSE IT HAS BEEN UNDERWAY FOR SOMETIME NOW.

BUT HOW DO WE PREPARE OURSELVES FOR IT? WHAT KIND OF THINKING DO WE HAVE TO DO?

I CAN'T SPEAK FOR JOURNALISTS...AND A FEW OF MY COLLEAGUES WOULD PROBABLY SAY I OUGHT NOT TO SPEAK FOR THEM EITHER.

SO, AS A CONCERNED "OLDER AMERICAN," WHO'S HAD TO LOOK AT THIS MATTER VERY SERIOUSLY -- SINCE IT BEARS SO DIRECTLY ON THE HEALTH STATUS OF AMERICANS IN GENERAL -- I'LL TAKE A FEW MINUTES NOW TO SHARE WITH YOU A FEW OF MY CONCLUSIONS...SOME OF MY FEARS...AND SOME OF MY HOPES.

FIRST OF ALL, I THINK WE HAVE TO GET RID OF A GREAT NUMBER OF MYTHS AND OUTWORN STEREOTYPES REGARDING THE ELDERLY.

FOR EXAMPLE, FOR CENTURIES PEOPLE HAVE TENDED TO CONFUSE THE AGING PROCESS WITH CERTAIN SPECIFIC DISEASE CONDITIONS THAT JUST HAPPEN TO BE FOUND MOST OFTEN IN THE ELDERLY.

THEREFORE, THEY SAY, WHEN YOU GET OLD, THIS WILL GO AND THAT WILL GO...BECAUSE YOU'RE GETTING OLD.

BUT MOST OF THAT IS JUST NOT TRUE. AND NEVER HAS BEEN.

THE MOST RECENT BIOMEDICAL RESEARCH TELLS US THAT THERE IS SUCH A THING AS A DISEASE-FREE AGING PROCESS, IN WHICH ALL SYSTEMS OF THE HUMAN BODY AND MIND FUNCTION QUITE WELL.

THE LITERATURE NOW INDICATES THAT PEOPLE DO NOT JUST "RUN DOWN" AS THEY GET OLDER.

SOME THINGS DO CHANGE...THAT'S TRUE. BUT MOST NATURAL FUNCTIONS CONTINUE AND DO NOT NATURALLY DETERIORATE AS PART OF THE AGING PROCESS.

WE HAVE SOMETHING CALLED THE GERONTOLOGY RESEARCH CENTER IN BALTIMORE, MARYLAND. THE G.R.C. HAS BEEN CARRYING ON A LONGITUDINAL STUDY OF THE AGING PROCESS FOR ALMOST 30 YEARS, AND IT'S AMAZING THE KIND OF INFORMATION THAT'S COMING TO LIGHT.

FOR EXAMPLE, THEY FOUND THAT ABOUT HALF THE ELDERLY SUBJECTS IN THE STUDY HAD SOME EVIDENCE OF CORONARY ARTERY DISEASE, WHICH IS NOT UNCOMMON, OF COURSE. THESE SUBJECTS OBVIOUSLY SHOWED A DECLINE IN CARDIAC OUTPUT.

BUT THERE WERE ALSO A FAIR NUMBER OF ELDERLY SUBJECTS IN THE SAME AGE COHORT WHO HAD NO SIGNS OF CORONARY ARTERY DISEASE AND NO SIGNS OF A DECLINE IN CARDIAC OUTPUT.

IN FACT, THEIR CARDIOVASCULAR SYSTEMS WERE FUNCTIONING IN A MANNER COMPARABLE TO SUCH SYSTEMS FOUND IN PERSONS 20, 30, AND EVEN 40 YEARS YOUNGER.

IN OTHER WORDS, THIS RESEARCH -- AND OTHER STUDIES AS WELL -- SEEM TO SHOW THAT A DECLINE IN CARDIAC FUNCTION IS RELATED TO DISEASE AND IS NOT AN "INEVITABLE" RESULT OF THE THE AGING PROCESS.

THE BALTIMORE STUDY HAS ALSO SHOWN THAT THE AGING PROCESS DOES NOT PRODUCE AN "INEVITABLE DECLINE" IN KIDNEY FUNCTION EITHER. AS IS THE CASE WITH THE HEART, IF THERE IS NO DISEASE CONDITION PRESENT, THEN THE SYSTEM WILL DO JUST WHAT IT'S SUPPOSED TO DO.

SO OUR FIRST TASK -- ESPECIALLY THOSE OF US IN MEDICINE AND IN PUBLIC HEALTH -- IS TO RECOGNIZE A SPECIFIC DISEASE CONDITION FOR WHAT IT REALLY IS -- A DISEASE CONDITION -- AND NOT ASCRIBE THE SYMPTOMS OF THAT CONDITION TO THE VAGUE IDEA THAT THE PATIENT "IS, AFTER ALL, GETTING OLD...SO, WHAT ELSE CAN YOU EXPECT?"

THAT'S "BAD MEDICINE," PLAIN AND SIMPLE. AND WE DON'T NEED ANY MORE OF THAT.

BUT BEFORE I GO ANY FURTHER, LET ME OFFER AN IMPORTANT WORD OF CAUTION:

LET'S NOT GENERALIZE ABOUT THE AGING PROCESS -- WHETHER IT'S "GOOD NEWS" OR "BAD NEWS." THE FACT IS THAT WE'RE STILL JUST AT THE THRESHOLD OF LEARNING ABOUT IT.

HOWEVER, IF I WERE PUSHED TO THE WALL, AND SOMEBODY ASKED ME TO MAKE SOME GENERAL OBSERVATIONS AS A FORMER CLINICIAN AND THE CURRENT SURGEON GENERAL, I'D OFFER JUST THESE TWO:

FIRST, AS I'VE ALREADY INDICATED, THE AGING PROCESS -- WHATEVER THAT REALLY IS -- IS NOT ITSELF A DISEASE CONDITION AND IS NOT NECESSARILY ACCOMPANIED BY A DISEASE CONDITION EITHER.

SOMETHING HAPPENS WHEN YOU GET OLD...OF THAT WE CAN BE SURE. BUT THAT "SOMETHING" DOES NOT YET HAVE A CLEAR LABEL ON IT. CALLING IT A "DISEASE" IS SIMPLY WRONG.

AND SECONDLY, EACH PERSON GROWS OLDER IN A WAY THAT IS INDIVIDUAL AND UNIQUE TO THAT PERSON. IT IS DIFFERENT FROM THE WAY ANYBODY ELSE GROWS OLDER.

THAT SECOND POINT IS ALSO VERY, VERY IMPORTANT. SOME PERSONS MAY BE SUSCEPTIBLE TO CERTAIN DISEASE CONDITIONS DURING THE AGING PROCESS AND THEY HAVE TO BE MONITORED CAREFULLY BY THEIR PHYSICIANS.

BUT, WHETHER YOU'RE IN MEDICINE OR YOU'RE WRITING ABOUT MEDICINE, YOU CAN NO LONGER SAFELY GENERALIZE FROM THOSE SPECIFIC, INDIVIDUAL EXAMPLES.

I'M SURE MOST OF YOU KNOW THE STORY OF THE 85-YEAR-OLD MAN WHO LIMPED IN TO SEE HIS DOCTOR AND COMPLAINED OF A SORE LEFT KNEE. AND THE DOCTOR SAID, "WELL, SIR, WHAT DO YOU EXPECT? YOU'RE 85 YEARS OLD. THAT'S BOUND TO HAPPEN...AT YOUR AGE." TO WHICH THE ELDERLY GENTLEMAN REPLIED, "WAIT A MINUTE, DOCTOR. MY RIGHT KNEE IS JUST AS OLD AS MY LEFT KNEE...BUT MY RIGHT KNEE DON'T HURT!"

IT'S TIME FOR ALL OF US TO ADOPT THE COMMON-SENSE VIEW OF THAT PATIENT.

AGE, BY ITSELF, DOES NOT CAUSE DISEASE. AND OLD PEOPLE -- AS A GROUP -- DO NOT ALL AGE THE SAME WAY.

THESE TWO GENERALIZATIONS, BY THE WAY, CAN BE APPLIED EQUALLY TO PHYSICAL SYSTEMS AS WELL AS TO BRAIN FUNCTION.

HERE AGAIN, WE NEED TO GET RID OF SOME OF OUR PREJUDICES. THOSE OF YOU WHO HAVE READ BOSWELL'S BIOGRAPHY OF DR. SAMUEL JOHNSON MAY RECALL THE GOOD DOCTOR'S VIEW OF THE PREJUDICE PEOPLE HAVE AGAINST THE MENTAL AGILITY OF OLDER PEOPLE:

"THERE IS A WICKED INCLINATION IN MOST PEOPLE," SAID DR. JOHNSON, "TO SUPPOSE AN OLD MAN DECAYED IN HIS INTELLECT. IF A YOUNG OR MIDDLE-AGED MAN, WHEN LEAVING A COMPANY, DOES NOT RECOLLECT WHERE HE LAID HIS HAT, IT IS NOTHING; BUT IF THE SAME INATTENTION IS DISCOVERED IN AN OLD MAN, PEOPLE WILL SHRUG THEIR SHOULDERS AND SAY, 'HIS MEMORY IS GOING.'"

DR. JOHNSON WAS A SHARP OBSERVER OF HUMAN NATURE WHO WAS NOT ALWAYS APPRECIATED IN HIS OWN TIME. BUT, FOR MY MONEY, THAT ONE OBSERVATION ABOUT YOUTH AND AGE WOULD HAVE MADE HIM A MOST WELCOME FAMILY PHYSICIAN -- OR MEDICAL JOURNALIST -- TODAY.

DR. JOHNSON KNEW YESTERDAY BY INTUITION, WHAT WE ARE FINDING TO BE TRUE TODAY THROUGH SCIENCE. WE NOW KNOW THAT BRAIN METABOLISM AND MENTAL FUNCTIONS DO NOT "NATURALLY" DETERIORATE WITH AGE.

IN FACT, IN A STUDY CARRIED OUT IN THE STATE OF WASHINGTON, THE RESEARCHERS GAVE THEIR SUBJECTS A BATTERY OF INTELLIGENCE TESTS OVER A 20-YEAR PERIOD AND THEY DISCOVERED THAT 80 PERCENT OF THE SUBJECTS SHOWED NO REAL CHANGE IN MENTAL PERFORMANCE OVER THAT PERIOD OF TIME.

I DON'T KNOW ABOUT YOU, BUT I FEEL A WHOLE LOT BETTER KNOWING ABOUT THAT STUDY.

ALL THIS TALK OF BRAIN FUNCTION REMINDS US OF THE PRESENCE OF ALZHEIMER'S DISEASE THAT STRIKES SOME 2.5 MILLION OLDER AMERICANS EVERY YEAR.

AND WE'RE ONLY NOW LEARNING ABOUT ALZHEIMER'S FROM A SMALL ARMY OF RESEARCHERS. THEIR RESEARCH IS EXTREMELY IMPORTANT FOR A COUPLE OF REASONS:

* FIRST OF ALL, WE'RE GETTING TO KNOW MORE ABOUT ALZHEIMER'S DISEASE SO THAT WE CAN ATTEMPT TO TREAT IT AND MAYBE ONE DAY PREVENT IT FROM OCCURRING ALTOGETHER.

* AND SECONDLY, THE RESEARCH IS REVEALING TO US THAT THERE ARE CERTAIN MINOR, BENIGN, AND <u>NATURAL</u> CHANGES IN COGNITION THAT TAKE PLACE...OVER TIME...DURING THE AGING PROCESS. THESE CHANGES ARE NOT THEMSELVES DISEASE CONDITIONS, NOR DO THEY SEEM TO BE PRECURSORS OF DISEASE EITHER.

AND ONE FINAL POINT. AND THIS HAS TO DO WITH LONG-TERM PLANNING FOR OUR NATIONAL HEALTH POLICY. I KNOW THAT A NUMBER OF YOU ARE ALSO INTERESTED IN WRITING IN THIS ASPECT OF THE FIELD OF AGING.

IT SEEMS THAT PHYSICIANS HAVE TENDED TO MISTAKE MANY NORMAL ASPECTS OF THE AGING PROCESS FOR A VARIETY OF DISEASE CONDITIONS. THAT'S A VALID CONCLUSION TO DRAW FROM MUCH OF THE RESEARCH THAT'S BEEN GOING ON.

IF THAT IS INDEED THE CASE, THEN IT MEANS WE'RE PROBABLY OVER-DIAGNOSING OUR OLDER PATIENTS.

AND IF WE ARE DOING THAT, THEN MAYBE IT'S TIME FOR US TO RE-WRITE AT LEAST SOME OF OUR PREDICTIONS ABOUT THE BURDEN OF ILLNESS IN AMERICA IN THE 21ST CENTURY. WE MAY NOT BE LOOKING AHEAD TO A WORST-CASE SITUATION AFTER ALL.

AND I TEND TO THINK THAT THAT MAY WELL BE TRUE...FOR QUITE DIFFERENT REASONS.

FOR EXAMPLE, TODAY'S WORKING ADULT IS GENERALLY IN GOOD HEALTH. IN FACT, THE OVERALL HEALTH STATUS OF ADULT AMERICANS IS REALLY QUITE GOOD...NEVER BEEN BETTER.

THEY -- YOU -- ARE BENEFITTING FROM BETTER DIET, FROM LOTS OF REGULAR EXERCISE, AND FROM A NOTICEABLE AND CONTINUING DECLINE IN ALCOHOL INTAKE AND CIGARETTE SMOKING.

THESE AND OTHER LIFESTYLE CHANGES INDICATE THAT TODAY'S WORKING ADULTS HAVE A BETTER PROGNOSIS FOR CONTINUED GOOD HEALTH AFTER AGE 65 THAN FOR ANY PREVIOUS GENERATION EVER HAD.

IN OTHER WORDS, FOR TODAY'S YOUNG WORKING ADULTS, THE POSSI-BILITIES ARE VERY GOOD THAT THEY MIGHT HAVE A RELATIVELY DISEASE-FREE OLD AGE IN THE DECADES AHEAD.

SO THAT'S ANOTHER REASON WHY WE MIGHT BE LOOKING FORWARD TO A RELATIVELY LOWER MORBIDITY BURDEN OVERALL IN THE 21ST CENTURY FOR OUR OLDER CITIZENS.

LET ME EMPHASIZE THAT THESE ARE JUST EDUCATED GUESSES, BUT I DO BELIEVE THAT THEY ARE, NEVERTHELESS, IMPORTANT STRAWS IN THE WIND. AND, IN ANY CASE, SUCH CONJECTURE IS EXTREMELY IMPORTANT, IF YOU PROBE A BIT FURTHER INTO THE ISSUE OF HEALTH CARE FOR THE AGED AND CONFRONT THE MATTER OF DEATH AND DYING -- THE ISSUE OF "DEATH WITH DIGNITY" -- AND THE MATTER OF THE COST OF CARING FOR THE AGED TERMINALLY ILL PERSON.

FOR EXAMPLE, MANY TERMINAL ILLNESSES AMONG THE ELDERLY ARE TOTALLY OR SUBSTANTIALLY THE CONSEQUENCE OF CERTAIN PATTERNS OF LIVING. SMOKING IS A GOOD CASE IN POINT.

* OUR RESEARCH INDICATES THAT, OF THE HALF-MILLION OR MORE PEOPLE WHO DIE EACH YEAR OF CORONARY HEART DISEASE, CLOSE TO 30 PERCENT -- OR ABOUT 170,000 OF THOSE DEATHS -- WERE CIGARETTE SMOKERS.

* OF THE 60,000 OR SO AMERICANS WHO DIE OF CHRONIC OBSTRUCTIVE LUNG DISEASE, CLOSE TO 90 PERCENT WERE CIGARETTE SMOKERS.

* AND OF THE 430,000 DEATHS FROM CANCER, AGAIN ABOUT 30 PERCENT -- OR 129,000 DEATHS -- ARE ATTRIBUTABLE TO CIGARETTE SMOKING.

OTHER LIFESTYLE FACTORS IN PREMATURE DEATHS AMONG THE ELDERLY WOULD INCLUDE DIET AND NUTRITION, EXERCISE, AND ENVIRONMENTAL HAZARDS, BOTH IN THE HOME AND AT THE WORKPLACE.

MANY OF TODAY'S AILING, DEPENDENT, AND EVEN HOSPITALIZED ELDERLY ARE, THEN, VICTIMS -- TO A MARKED DEGREE -- OF BOTH THE ENVIRONMENT, INCLUDING THE SEDUCTIVE MARKETPLACE, AND THEIR OWN POOR JUDGMENT.

AND THAT'S THE CRUX OF THE ARGUMENT, ISN'T IT, IN ALL THE LIABILITY CASES BEING BROUGHT AGAINST THE CIGARETTE COMPANIES:

THAT IS, TO WHAT EXTENT ARE THE COMPANIES CULPABLE AND TO WHAT EXTENT ARE THE INDIVIDUAL SMOKERS CULPABLE?

THERE'S A DOLLAR SIGN HANGING OFF THAT QUESTION...NOT JUST THE DOLLARS THE COMPANIES MIGHT HAVE TO PAY, BUT THE DOLLARS THE AMERICAN <u>TAXPAYER</u> MUST PAY TO PROVIDE DECENT, APPROPRIATE HEALTH CARE FOR THE TERMINALLY ILL, OLDER PERSON.

THERE IS A LOT OF TALK THESE DAYS ABOUT THE TERRIBLE MEDICAL EXPENSE IN THE LAST YEAR OF LIFE. I DON'T KNOW WHY THAT SURPRISES PEOPLE.

WE KNOW THAT THE FIRST YEAR OF LIFE CAN BE EXTRAORDINARILY EXPENSIVE FOR A NEONATE. WHY NOT ACCEPT THE FINAL YEAR OF LIFE AS BEING EQUALLY TOUGH ON THE POCKETBOOK?

THE REAL QUESTION TO ASK IS THIS: "ARE WE SPENDING THE MONEY PROPERLY?" AND I WOULD ADD THAT "PROPERLY" WOULD MEAN WITH NOT ONLY THE PATIENT IN MIND BUT ALSO THE FAMILY, THE COMMUNITY, AND THE HEALTH PROFESSIONALS INVOLVED.

SOME OLDER HEART DISEASE AND STROKE PATIENTS HAVE BEEN KNOWN TO LINGER FOR A YEAR OR MORE, IN A "VEGETATIVE" STATE...A TERM THAT IS NOT EASY TO PIN DOWN. AND MANY PEOPLE -- PRINCIPALLY ECONOMISTS, ATTORNEYS, AND SOME POLITICIANS -- HAVE BEGUN TO DISCUSS THE SOCIAL NEED TO PROVIDE SUCH COSTLY IN-PATIENT CARE TO TEMRINALLY ILL, OLDER PEOPLE.

GOVERNOR LAMM OF COLORADO WAS THE MOST BLUNT ABOUT IT: THEY OUGHT TO DIE MORE QUICKLY AND "GET OUT OF THE WAY," HE SAID.

AT THE VERY LEAST, THESE PEOPLE ARGUE, OLD PEOPLE OUGHT TO HAVE THE RIGHT TO INDICATE THAT SUCH IS THEIR CHOICE IN THE MATTER.

AND JUST AS AN ASIDE, I SHOULD SAY THAT THAT PHRASE -- "THEIR CHOICE" -- HAS ALWAYS MADE ME A LITTLE NERVOUS, BECAUSE I KNOW HOW OFTEN IT IS SOMEONE ELSE'S CHOICE. IN FACT, IN 1978 I MADE A MOVE ENTITLED DEATH BY SOMEONE'S CHOICE.

VARIOUS "LIVING WILLS" AND "MEDICAL POWERS OF ATTORNEY" ARE CITED NOWADAYS AS BEING THE KINDS OF THE DOCUMENTS THAT EXPRESS AN INDIVIDUAL'S PERSONAL CHOICE FOR A SO-CALLED "DEATH WITH DIGNITY."

BUT WHEN PUSH COMES TO SHOVE, AND A PATIENT FACES THE CHOICE OF THE KIND OF LIFE HE OR SHE IS LIVING OR A "DEATH WITH DIGNITY," THE PATIENT VERY OFTEN CHOOSES LIFE OVER DEATH. BUT IF HE OR SHE HAD ALREADY SIGNED A DOCUMENT REQUESTING DEATH, THAT PATIENT MIGHT WELL BE STUCK WITH IT.

INCIDENTALLY, THERES NOTHING WRONG WITH A PERSON WHO DOES NOT AGREE WITH GOVERNOR LAMM AND DOES NOT WANT TO "GET OUT OF THE WAY." WITH OR <u>WITHOUT</u> THE PROPER DOCUMENTATION.

NOW, I GRANT YYOU THAT SOME OLDER FOLKS HAVE THE POOR TASTE TO TAKE A LONG TIME DYING OF ONE DISEASE OR ANOTHER. I THINK IT WAS DANIEL CALLAHAN OF THE HASTING CENTER WHO GAVE THIS GROUP OF PEOPLE A MARVELOUS NAME: HE CALLED THEM THE "BIOLOGICALLY TENACIOUS."

THEY COME IN ALL AGES AND SIZES, ALL RACES, AND BOTH SEXES. BUT MOST OF THEM ARE OLD. THEY CONSUME MORE THAN THEIR SHARE OF OUR SYMPATHY AND TECHNOLOGY -- AND HARD CASH.

THEY ARE A DRAIN ON US.

BUT SHOULD WE KILL THEM? SHOULD WE "PULL THE PLUG" BECAUSE THEY ARE OLD AND STUBBORN?

ON THE OTHER HAND, SHOULD WE LET THEIR DISEASE DRAG ON AND ON UNTIL IT RUNS ITS NORMAL COURSE...AND THOSE PATIENTS FINALLY DIE AS PREDICTED?

I MUST CONFESS THAT I AM VERY UNCOMFORTABLE WITH THE WINDSTORM OF ARGUMENT IN FAVOR OF "DEATH WITH DIGNITY." I THINK IT COULD BE ALLOWING EUTHANASIA TO GET A FOOT IN THE DOOR. IT'S JUST ANOTHER WAY OF ALLOWING SOCIETY TO GET RID OF PEOPLE WHO ARE AN EMBARRASSMENT OR A PUZZLE OR A DRAG OR A LIABILITY.

BUT LET'S MAKE ONE THING CLEAR. WE'RE NOT TALKING ABOUT IMMORTALITY FOR EVERYONE EITHER. I HAVE A FAVORTIE LINE I USE WHEN TALKING TO FRIENDS MY AGE WHO COMPLAIN ABOUT BEING SICK. I SAY TO THEM: "YOU'VE GOT TO DIE OF SOMETHING."

THERE'S A GREAT DEAL OF DIFFERENCE BETWEEN GIVING A PATIENT ALL THE LIFE TO WHICH HE OR SHE IS ENTITLED AND MERELY PROLONGING THE ACT OF DYING. THAT'S WHAT I MEAN WHEN I SAY, "YOU'VE GOT TO DIE OF SOMETHING."

MANY OF THOSE GREAT EXPENDITURES FOR HEALTH CARE MADE IN THE LAST YEAR OF A PERSON'S LIFE ARE OFTEN MADE IN THE FUTILE PURSUIT OF PROLONGING THE PATIENT'S ACT OF DYING. ON THE OTHER HAND, OTHER EXPENDITURES ARE MADE FOR PATIENTS FOR WHOM THERE IS A HIGH EXPECTATION OF RECOVERY.

THESE TWO TYPES OF PATIENTS NEED TO BE SEPARATED IN OUR MINDS. THEY PRESENT TWO DIFFERNT KINDS OF PROBLEMS. AND THEY MUST BE DEALT WITH ETHICALLY AND MORALLY ON THE BASIS OF MEDICAL PROGNOSIS, AND NOT ON THE BASIS OF HIGH COST OR LOW COST OR "COST CONTAINMENT."

FRANKLY, I WORRY A GREAT DEAL ABOUT AN AMERICA THAT WILL DECIDE SUCH A GREAT ETHICAL ISSUE OF LIFE AND DEATH ALMOST EXCLUSIVELY IN TERMS OF "COST CONTAINMENT."

TODAY -- AND FOR THE NEXT DECADE OR SO -- THE OLDER PEOPLE WITH TERMINAL ILLNESSES ARE GOING TO BE A VERY LARGE BURDEN UPON US. I BELIEVE IT IS AN INESCAPABLE BURDEN...ONE THAT DEFIES ANY "QUICK FIX"...A BURDEN THAT WILL CONTINUE TO TAX OUR MORALITY AS WELL AS OUR TREASURY.

AND I'M WILLING TO PAY MY SHARE. TODAY, I'M 71 YEARS OLD, BUT I TRULY BELIEVE I WOULD HAVE SAID THE SAME THING WHEN I WAS <u>40</u> YEARS OLD.

I DON'T LIKE THE ALTERNATIVES THAT HAVE BEEN OFFERED SO FAR. THEY HAVE ALL THE CHARACTERISTICS OF VERY FLIMSY ETHICS...AND THEY LEAD DIRECTLY TO THAT SLIPPERY SLOPE OF DOING MORE AND MORE TO POSTPONE OR OUTRIGHTLY AVOID HUMAN, INTERPERSONAL RESPONSIBILITY.

THERE'S PHYSICAL HEALTH...THERE'S MENTAL HEALTH...BUT THERE'S ALSO ETHICAL, MORAL, AND SPIRITUAL HEALTH. I DON'T BELIEVE YOU CAN FORSAKE ANY OF THEM, WITHOUT JEOPARDIZING AND ULTIMATELY FORSAKING THEM ALL.

EARLIER, I IMPLIED THE POSSIBILITY THAT THE OVERALL HEALTH COST OF TOMORROW'S ELDERLY MAY BE SUBSTANTIALLY LOWER, PER CAPITA, THAN IT IS TODAY, THANKS TO A POPULAR COMMITMENT TO HEALTH PROMOTION AND THE PREVENTION OF DISEASE AND DISABILITY BY BOTH THE INDIVIDUAL AND SOCIETY.

OBVIOUSLY, IF THAT IS TRUE, THEN A GREAT DEAL OF HAND-WRINGING IN REGARD TO COST CONTAINMENT WILL NO LONGER BE NECESSARY. BUT THAT'S SOMEWHERE IN THE FUTRE...THE YEAR 2020 OR EVEN 2025.

WHAT DO WE DO IN THE INTERIM...THAT PERIOD OF TIME WHICH IS WHERE WE ALL NOW LIVE?

I COME TO YOU WITH THIS QUESTION...AND I'M AFRAID THAT, LIKE MOST OF YOU HERE TODAY, I DON'T HAVE ANY AIR-TIGHT ANSWERS.

FOR ONE THING, WE KEEP TALKING ABOUT THESE ISSUES AFFECTING THE ELDERLY IN TERMS ALMOST EXCLUSIVELY MEDICAL OR ECONOMIC. BUT WE'VE GOT TO BROADEN THE TERMS OF THE ARGUMENT.

WE'VE GOT TO BROADEN THE DISCUSSION TO EMBRACE THE ISSUES OF...

THE RIGHT OF EACH INDIVIDUAL TO LIVE AS WELL AS TO DIE...

OF THE NEED TO PROTECT THE INDIVIDUAL FROM THE PRAGMATIC -- BUT PERHAPS, AT TIMES, UNETHICAL -- PERCEPTIONS OF -- FOR WANT OF A BETTER TERM -- "THE ELECTORATE"...

AND THE ULTIMATE ISSUE OF ALL: WHAT KIND OF SOCIETY DO WE REALLY WANT TO BE?

I DON'T ENVY YOU YOUR JOB IN EXPLAINING THIS COMPLEX SET OF ISSUES -- DAY AFTER DAY -- IN PRINT OR ON THE RADIO OR THE TELEVISION. IT'S NOT THAT EASY FOR ME TO HANDLE EITHER, STANDING HERE TODAY AS YOUR SURGEON GENERAL.

BUT WE CAN'T DUCK THESE ISSUES JUST BECAUSE THEY ARE INCONVENIENTLY DIFFICULT.

AND I WILL REMIND YOU THAT, IF YOU DO DUCK THEM, THEY WILL ONLY COME BACK TO HAUNT YOU WHEN YOU, TOO, ARE OLD...AND ILL...AND IN NEED OF COMPASSIONATE HEALTH CARE TO EASE YOU THROUGH YOUR FINAL DAYS...HOWEVER MANY OF THEM THERE MAY BE...HOWEVER COSTLY THEY MAY BE...AND HOWEVER PLEASANT OR UNPLEASANT YOU MAY BE BY THAT TIME.

TODAY, HOWEVER, YOU'VE BEEN A VERY PLEASANT AUDIENCE AND I'M DELIGHTED TO HAVE HAD THIS MOMENT TO SHARE THESE FEW IDEAS WITH YOU.

THANK YOU.

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